

SENATE BILL NO. 101

INTRODUCED BY SCHMIDT

BY REQUEST OF THE DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

A BILL FOR AN ACT ENTITLED: "AN ACT DEFINING "RESIDENTIAL THERAPEUTIC SCHOOLS OR PROGRAMS" AND PROVIDING FOR REGISTRATION; ~~PROVIDING FOR THE CALCULATION OF SCHOOL FUNDING AND TUITION AND TRANSPORTATION RATES FOR STUDENTS OF RESIDENTIAL THERAPEUTIC SCHOOLS OR PROGRAMS;~~ REQUIRING THE DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES TO APPOINT A WORKING GROUP TO DEVELOP AND PRESENT RECOMMENDATIONS TO THE CHILDREN, FAMILIES, HEALTH, AND HUMAN SERVICES INTERIM COMMITTEE AND TO REPORT TO THE LEGISLATURE REGARDING PROPOSED LEGISLATION FOR 2007 THAT WOULD REQUIRE LICENSURE; AND AMENDING SECTIONS ~~20-5-323, 20-9-311, 50-5-101, AND 50-5-220, MCA.~~"

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

~~Section 1. Section 20-5-323, MCA, is amended to read:~~

~~"20-5-323. Tuition and transportation rates. (1) Except as provided in subsections (2) through (5), whenever a child has approval to attend a school outside of the child's district of residence under the provisions of 20-5-320 or 20-5-321, the rate of tuition charged for a Montana resident student may not exceed 20% of the per-ANB maximum rate established in 20-9-306 for the year of attendance.~~

~~(2) The tuition for a child with a disability must be determined under rules adopted by the superintendent of public instruction for the calculation of tuition for special education pupils.~~

~~(3) The tuition rate for out-of-district placement pursuant to 20-5-321(1)(d) and (1)(e) for a student without disabilities who requires a program with costs that exceed the average district costs must be determined as the actual individual costs of providing that program according to the following:~~

~~(a) the district of attendance and the district, person, or entity responsible for the tuition payments shall approve an agreement with the district of attendance for the tuition cost;~~

~~(b) for a Montana resident student, 80% of the maximum per-ANB rate established in 20-9-306(10), received in the year for which the tuition charges are calculated must be subtracted from the per-student program costs for a Montana resident student; and~~

~~——— (c) the maximum tuition rate paid to a district under this section may not exceed \$2,500 per ANB.~~

~~——— (4) When a child attends a public school of another state or province, the amount of daily tuition may not be greater than the average annual cost for each student in the child's district of residence. This calculation for tuition purposes is determined by totaling all of the expenditures for all of the district budgeted funds for the preceding school fiscal year and dividing that amount by the October 1 enrollment in the preceding school fiscal year. For the purposes of this subsection, the following do not apply:~~

~~——— (a) placement of a child with a disability pursuant to Title 20, chapter 7, part 4;~~

~~——— (b) placement made in a state or province with a reciprocal tuition agreement pursuant to 20-5-314;~~

~~——— (c) an order issued under Title 40, chapter 4, part 2; or~~

~~——— (d) out-of-state placement by a state agency.~~

~~——— (5) When a child is placed by a state agency in an out-of-state residential facility, the state agency making the placement is responsible for the education costs resulting from the placement.~~

~~——— (6) The amount, if any, charged for transportation may not exceed the lesser of the average transportation cost for each student in the child's district of residence or 25 cents a mile. The average expenditures for the district transportation fund for the preceding school fiscal year must be calculated by dividing the transportation fund expenditures by the October 1 enrollment for the preceding fiscal year.~~

~~——— (7) (a) Whenever a child has approval to attend a school in Montana that is outside of the state of residence of the parent or guardian of the child, the rate of tuition and transportation charged for a student must be set by the school district of attendance.~~

~~——— (b) The tuition for a child with a disability must be determined under rules adopted by the superintendent of public instruction for the calculation of tuition for special education pupils.~~

~~——— (c) Tuition collected under this subsection (7) may be deposited in the school district miscellaneous program fund."~~

~~——— **Section 2.** Section 20-9-311, MCA, is amended to read:~~

~~——— **"20-9-311. Calculation of average number belonging (ANB).** (1) Average number belonging (ANB) must be computed as follows:~~

~~——— (a) compute an average enrollment by adding a count of regularly enrolled full-time pupils who were enrolled as of the first Monday in October of the prior school fiscal year to a count of regularly enrolled pupils on February 1 of the prior school fiscal year, or the next school day if those dates do not fall on a school day;~~

1 and divide the sum by two; and

2 ~~——— (b) multiply the average enrollment calculated in subsection (1)(a) by the sum of the pupil instruction~~
3 ~~and the approved pupil instruction-related days for the current school fiscal year and divide by 180.~~

4 ~~——— (2) For the purpose of calculating ANB under subsection (1), up to 7 approved pupil instruction-related~~
5 ~~days may be included in the calculation.~~

6 ~~——— (3) When a school district has approval to operate less than 180 school days under 20-9-806, the total~~
7 ~~ANB must be calculated in accordance with the provisions of 20-9-805.~~

8 ~~——— (4) Enrollment for a part of a morning session or a part of an afternoon session by a pupil must be~~
9 ~~counted as enrollment for one-half day.~~

10 ~~——— (5) In calculating the ANB for pupils enrolled in a program established under 20-7-117(1), enrollment~~
11 ~~at a regular session of the program for at least 2 hours of either a morning or an afternoon session must be~~
12 ~~counted as one-half pupil for ANB purposes. The ANB for a kindergarten student may not exceed one-half for~~
13 ~~each kindergarten pupil.~~

14 ~~——— (6) When a pupil has been absent, with or without excuse, for more than 10 consecutive school days,~~
15 ~~the pupil may not be included in the enrollment count used in the calculation of the ANB unless the pupil~~
16 ~~resumes attendance prior to the day of the enrollment count.~~

17 ~~——— (7) The enrollment of prekindergarten pupils, as provided in 20-7-117, may not be included in the ANB~~
18 ~~calculations.~~

19 ~~——— (8) The enrollment of a student residing in an outdoor behavioral program or a residential therapeutic~~
20 ~~school or program, as defined in 50-5-101, or a youth group home, as defined in 52-2-602, may not be included~~
21 ~~in the ANB calculation if the parent or legal guardian of the student is not a resident of the state of Montana as~~
22 ~~provided in 1-1-215.~~

23 ~~——— (8)(9) The average number belonging of the regularly enrolled, full-time pupils for the public schools~~
24 ~~of a district must be based on the aggregate of all the regularly enrolled, full-time pupils attending the schools~~
25 ~~of the district, except that when:~~

26 ~~——— (a) (i) a school of the district is located more than 20 miles beyond the incorporated limits of a city or~~
27 ~~town located in the district and at least 20 miles from any other school of the district, the number of regularly~~
28 ~~enrolled, full-time pupils of the school must be calculated separately for ANB purposes and the district must~~
29 ~~receive a basic entitlement for the school calculated separately from the other schools of the district;~~

30 ~~——— (ii) a school of the district is located more than 20 miles from any other school of the district and~~

1 incorporated territory is not involved in the district, the number of regularly enrolled, full-time pupils of the school
2 must be calculated separately for ANB purposes and the district must receive a basic entitlement for the school
3 calculated separately from the other schools of the district;

4 ~~——— (iii) the superintendent of public instruction approves an application not to aggregate when conditions~~
5 ~~exist affecting transportation, such as poor roads, mountains, rivers, or other obstacles to travel, or when any~~
6 ~~other condition exists that would result in an unusual hardship to the pupils of the school if they were transported~~
7 ~~to another school, the number of regularly enrolled, full-time pupils of the school must be calculated separately~~
8 ~~for ANB purposes and the district must receive a basic entitlement for the school calculated separately from the~~
9 ~~other schools of the district; or~~

10 ~~——— (iv) two or more elementary districts consolidate or annex under the provisions of 20-6-203, 20-6-205,~~
11 ~~or 20-6-208, two or more high school districts consolidate or annex under the provisions of 20-6-315 or 20-6-317,~~
12 ~~or two or more K-12 districts consolidate or annex under Title 20, chapter 6, part 4, the ANB and the basic~~
13 ~~entitlements of the component districts must be calculated separately for a period of 3 years following the~~
14 ~~consolidation or annexation. Each district shall retain a percentage of its basic entitlement for 3 additional years~~
15 ~~as follows:~~

16 ~~——— (A) 75% of the basic entitlement for the fourth year;~~

17 ~~——— (B) 50% of the basic entitlement for the fifth year; and~~

18 ~~——— (C) 25% of the basic entitlement for the sixth year.~~

19 ~~——— (b) a junior high school has been approved and accredited as a junior high school, all of the regularly~~
20 ~~enrolled, full-time pupils of the junior high school must be considered as high school district pupils for ANB~~
21 ~~purposes;~~

22 ~~——— (c) a middle school has been approved and accredited, all pupils below the 7th grade must be~~
23 ~~considered elementary school pupils for ANB purposes and the 7th and 8th grade pupils must be considered~~
24 ~~high school pupils for ANB purposes; or~~

25 ~~——— (d) a school has not been accredited by the board of public education, the regularly enrolled, full-time~~
26 ~~pupils attending the nonaccredited school are not eligible for average number belonging calculation purposes,~~
27 ~~nor will an average number belonging for the nonaccredited school be used in determining the BASE funding~~
28 ~~program for the district.~~

29 ~~——— (9)(10) The district shall provide the superintendent of public instruction with semiannual reports of~~
30 ~~school attendance, absence, and enrollment for regularly enrolled students, using a format determined by the~~

1 ~~superintendent."~~

2
3 **Section 1.** Section 50-5-101, MCA, is amended to read:

4 **"50-5-101. Definitions.** As used in parts 1 through 3 of this chapter, unless the context clearly indicates
5 otherwise, the following definitions apply:

6 (1) "Accreditation" means a designation of approval.

7 (2) "Accreditation association for ambulatory health care" means the organization nationally recognized
8 by that name that surveys ambulatory surgical centers upon their requests and grants accreditation status to the
9 ambulatory surgical centers that it finds meet its standards and requirements.

10 (3) "Activities of daily living" means tasks usually performed in the course of a normal day in a resident's
11 life that include eating, walking, mobility, dressing, grooming, bathing, toileting, and transferring.

12 (4) "Adult day-care center" means a facility, freestanding or connected to another health care facility,
13 that provides adults, on a regularly scheduled basis, with the care necessary to meet the needs of daily living
14 but that does not provide overnight care.

15 (5) (a) "Adult foster care home" means a private home or other facility that offers, except as provided
16 in 50-5-216, only light personal care or custodial care to four or fewer disabled adults or aged persons who are
17 not related to the owner or manager of the home by blood, marriage, or adoption or who are not under the full
18 guardianship of the owner or manager.

19 (b) As used in this subsection (5), the following definitions apply:

20 (i) "Aged person" means a person as defined by department rule as aged.

21 (ii) "Custodial care" means providing a sheltered, family-type setting for an aged person or disabled adult
22 so as to provide for the person's basic needs of food and shelter and to ensure that a specific person is available
23 to meet those basic needs.

24 (iii) "Disabled adult" means a person who is 18 years of age or older and who is defined by department
25 rule as disabled.

26 (iv) (A) "Light personal care" means assisting the aged person or disabled adult in accomplishing such
27 personal hygiene tasks as bathing, dressing, and hair grooming and supervision of prescriptive medicine
28 administration.

29 (B) The term does not include the administration of prescriptive medications.

30 (6) "Affected person" means an applicant for a certificate of need, a health care facility located in the

1 geographic area affected by the application, an agency that establishes rates for health care facilities, or a
2 third-party payer who reimburses health care facilities in the area affected by the proposal.

3 (7) "Assisted living facility" means a congregate residential setting that provides or coordinates personal
4 care, 24-hour supervision and assistance, both scheduled and unscheduled, and activities and health-related
5 services.

6 (8) "Capital expenditure" means:

7 (a) an expenditure made by or on behalf of a health care facility that, under generally accepted
8 accounting principles, is not properly chargeable as an expense of operation and maintenance; or

9 (b) a lease, donation, or comparable arrangement that would be a capital expenditure if money or any
10 other property of value had changed hands.

11 (9) "Certificate of need" means a written authorization by the department for a person to proceed with
12 a proposal subject to 50-5-301.

13 (10) "Chemical dependency facility" means a facility whose function is the treatment, rehabilitation, and
14 prevention of the use of any chemical substance, including alcohol, that creates behavioral or health problems
15 and endangers the health, interpersonal relationships, or economic function of an individual or the public health,
16 welfare, or safety.

17 (11) "Clinical laboratory" means a facility for the microbiological, serological, chemical, hematological,
18 radiobioassay, cytological, immunoheumatological, pathological, or other examination of materials derived from
19 the human body for the purpose of providing information for the diagnosis, prevention, or treatment of a disease
20 or assessment of a medical condition.

21 (12) "College of American pathologists" means the organization nationally recognized by that name that
22 surveys clinical laboratories upon their requests and accredits clinical laboratories that it finds meet its standards
23 and requirements.

24 (13) "Commission on accreditation of rehabilitation facilities" means the organization nationally
25 recognized by that name that surveys rehabilitation facilities upon their requests and grants accreditation status
26 to a rehabilitation facility that it finds meets its standards and requirements.

27 (14) "Comparative review" means a joint review of two or more certificate of need applications that are
28 determined by the department to be competitive in that the granting of a certificate of need to one of the
29 applicants would substantially prejudice the department's review of the other applications.

30 (15) "Congregate" means the provision of group services designed especially for elderly or disabled

1 persons who require supportive services and housing.

2 (16) "Construction" means the physical erection of a health care facility and any stage of the physical
3 erection, including groundbreaking, or remodeling, replacement, or renovation of an existing health care facility.

4 (17) "Council on accreditation" means the organization nationally recognized by that name that surveys
5 behavioral treatment programs, chemical dependency treatment programs, residential treatment facilities, and
6 mental health centers upon their requests and grants accreditation status to programs and facilities that it finds
7 meet its standards and requirements.

8 (18) "Critical access hospital" means a facility that is located in a rural area, as defined in 42 U.S.C.
9 1395ww(d)(2)(D), and that has been designated by the department as a critical access hospital pursuant to
10 50-5-233.

11 (19) "Department" means the department of public health and human services provided for in 2-15-2201.

12 (20) "End-stage renal dialysis facility" means a facility that specializes in the treatment of kidney
13 diseases and includes freestanding hemodialysis units.

14 (21) "Federal acts" means federal statutes for the construction of health care facilities.

15 (22) "Governmental unit" means the state, a state agency, a county, municipality, or political subdivision
16 of the state, or an agency of a political subdivision.

17 (23) (a) "Health care facility" or "facility" means all or a portion of an institution, building, or agency,
18 private or public, excluding federal facilities, whether organized for profit or not, that is used, operated, or
19 designed to provide health services, medical treatment, or nursing, rehabilitative, or preventive care to any
20 individual. The term includes chemical dependency facilities, critical access hospitals, end-stage renal dialysis
21 facilities, home health agencies, home infusion therapy agencies, hospices, hospitals, infirmaries, long-term care
22 facilities, intermediate care facilities for the developmentally disabled, medical assistance facilities, mental health
23 centers, outpatient centers for primary care, outpatient centers for surgical services, rehabilitation facilities,
24 residential care facilities, outdoor behavioral programs, residential therapeutic schools or programs, and
25 residential treatment facilities.

26 (b) The term does not include offices of private physicians, dentists, or other physical or mental health
27 care workers regulated under Title 37, including licensed addiction counselors.

28 (24) "Home health agency" means a public agency or private organization or subdivision of the agency
29 or organization that is engaged in providing home health services to individuals in the places where they live.
30 Home health services must include the services of a licensed registered nurse and at least one other therapeutic

1 service and may include additional support services.

2 (25) "Home infusion therapy agency" means a health care facility that provides home infusion therapy
3 services.

4 (26) "Home infusion therapy services" means the preparation, administration, or furnishing of parenteral
5 medications or parenteral or enteral nutritional services to an individual in that individual's residence. The
6 services include an educational component for the patient, the patient's caregiver, or the patient's family
7 member.

8 (27) "Hospice" means a coordinated program of home and inpatient health care that provides or
9 coordinates palliative and supportive care to meet the needs of a terminally ill patient and the patient's family
10 arising out of physical, psychological, spiritual, social, and economic stresses experienced during the final stages
11 of illness and dying and that includes formal bereavement programs as an essential component. The term
12 includes:

13 (a) an inpatient hospice facility, which is a facility managed directly by a medicare-certified hospice that
14 meets all medicare certification regulations for freestanding inpatient hospice facilities; and

15 (b) a residential hospice facility, which is a facility managed directly by a licensed hospice program that
16 can house three or more hospice patients.

17 (28) (a) "Hospital" means a facility providing, by or under the supervision of licensed physicians, services
18 for medical diagnosis, treatment, rehabilitation, and care of injured, disabled, or sick individuals. Services
19 provided may or may not include obstetrical care, emergency care, or any other service allowed by state
20 licensing authority. A hospital has an organized medical staff that is on call and available within 20 minutes, 24
21 hours a day, 7 days a week, and provides 24-hour nursing care by licensed registered nurses. The term includes
22 hospitals specializing in providing health services for psychiatric, developmentally disabled, and tubercular
23 patients.

24 (b) The term does not include critical access hospitals.

25 (29) "Infirmarium" means a facility located in a university, college, government institution, or industry for
26 the treatment of the sick or injured, with the following subdefinitions:

27 (a) an "infirmarium--A" provides outpatient and inpatient care;

28 (b) an "infirmarium--B" provides outpatient care only.

29 (30) (a) "Intermediate care facility for the developmentally disabled" means a facility or part of a facility
30 that provides intermediate developmental disability care for two or more persons.

1 (b) The term does not include community homes for persons with developmental disabilities that are
2 licensed under 53-20-305 or community homes for persons with severe disabilities that are licensed under
3 52-4-203.

4 (31) "Intermediate developmental disability care" means the provision of intermediate nursing care
5 services, health-related services, and social services for persons with a developmental disability, as defined in
6 53-20-102, or for persons with related problems.

7 (32) "Intermediate nursing care" means the provision of nursing care services, health-related services,
8 and social services under the supervision of a licensed nurse to patients not requiring 24-hour nursing care.

9 (33) "Joint commission on accreditation of healthcare organizations" means the organization nationally
10 recognized by that name that surveys health care facilities upon their requests and grants accreditation status
11 to a health care facility that it finds meets its standards and requirements.

12 (34) "Licensed health care professional" means a licensed physician, physician assistant-certified,
13 advanced practice registered nurse, or registered nurse who is practicing within the scope of the license issued
14 by the department of labor and industry.

15 (35) (a) "Long-term care facility" means a facility or part of a facility that provides skilled nursing care,
16 residential care, intermediate nursing care, or intermediate developmental disability care to a total of two or more
17 individuals or that provides personal care.

18 (b) The term does not include community homes for persons with developmental disabilities licensed
19 under 53-20-305; community homes for persons with severe disabilities, licensed under 52-4-203; youth care
20 facilities, licensed under 52-2-622; hotels, motels, boardinghouses, roominghouses, or similar accommodations
21 providing for transients, students, or individuals who do not require institutional health care; or juvenile and adult
22 correctional facilities operating under the authority of the department of corrections.

23 (36) "Medical assistance facility" means a facility that meets both of the following:

24 (a) provides inpatient care to ill or injured individuals before their transportation to a hospital or that
25 provides inpatient medical care to individuals needing that care for a period of no longer than 96 hours unless
26 a longer period is required because transfer to a hospital is precluded because of inclement weather or
27 emergency conditions. The department or its designee may, upon request, waive the 96-hour restriction
28 retroactively and on a case-by-case basis if the individual's attending physician, physician assistant-certified,
29 or nurse practitioner determines that the transfer is medically inappropriate and would jeopardize the health and
30 safety of the individual.

(b) either is located in a county with fewer than six residents a square mile or is located more than 35 road miles from the nearest hospital.

(37) "Mental health center" means a facility providing services for the prevention or diagnosis of mental illness, the care and treatment of mentally ill patients, the rehabilitation of mentally ill individuals, or any combination of these services.

(38) "Nonprofit health care facility" means a health care facility owned or operated by one or more nonprofit corporations or associations.

(39) "Offer" means the representation by a health care facility that it can provide specific health services.

(40) (a) "Outdoor behavioral program" means a program that provides treatment, rehabilitation, and prevention for behavioral problems that endanger the health, interpersonal relationships, or educational functions of a youth and that:

(i) serves either adjudicated or nonadjudicated youth;

(ii) charges a fee for its services; and

(iii) provides all or part of its services in the outdoors.

(b) An outdoor behavioral program may also be a residential therapeutic school or program.

~~(b)(c) "Outdoor behavioral program"~~ The term does not include recreational programs such as boy scouts, girl scouts, 4-H clubs, or other similar organizations.

(41) "Outpatient center for primary care" means a facility that provides, under the direction of a licensed physician, either diagnosis or treatment, or both, to ambulatory patients and that is not an outpatient center for surgical services.

(42) "Outpatient center for surgical services" means a clinic, infirmary, or other institution or organization that is specifically designed and operated to provide surgical services to patients not requiring hospitalization and that may include recovery care beds.

(43) "Patient" means an individual obtaining services, including skilled nursing care, from a health care facility.

(44) "Person" means an individual, firm, partnership, association, organization, agency, institution, corporation, trust, estate, or governmental unit, whether organized for profit or not.

(45) "Personal care" means the provision of services and care for residents who need some assistance in performing the activities of daily living.

(46) "Practitioner" means an individual licensed by the department of labor and industry who has

1 assessment, admission, and prescription authority.

2 (47) "Recovery care bed" means, except as provided in 50-5-235, a bed occupied for less than 24 hours
3 by a patient recovering from surgery or other treatment.

4 (48) "Rehabilitation facility" means a facility that is operated for the primary purpose of assisting in the
5 rehabilitation of disabled individuals by providing comprehensive medical evaluations and services,
6 psychological and social services, or vocational evaluation and training or any combination of these services
7 and in which the major portion of the services is furnished within the facility.

8 (49) "Resident" means an individual who is in a long-term care facility or in a residential care facility.

9 (50) "Residential care facility" means an adult day-care center, an adult foster care home, an assisted
10 living facility, or a retirement home.

11 (51) "Residential psychiatric care" means active psychiatric treatment provided in a residential treatment
12 facility to psychiatrically impaired individuals with persistent patterns of emotional, psychological, or behavioral
13 dysfunction of such severity as to require 24-hour supervised care to adequately treat or remedy the individual's
14 condition. Residential psychiatric care must be individualized and designed to achieve the patient's discharge
15 to less restrictive levels of care at the earliest possible time.

16 (52) (a) "Residential therapeutic school or program" means a school or program that provides therapy
17 and education in a residential setting to youth who are experiencing emotional, behavioral, or learning problems
18 and who have a history of failing in academic, social, moral, or emotional development at home or in
19 less-structured or traditional schools. A residential therapeutic school or program may include but is not limited
20 to the following schools or programs if they are not otherwise licensed:

21 (i) an outdoor behavioral program;

22 (ii) a boarding school; or

23 (iii) a residential program that represents that it provides supervision and structure for youth.

24 (b) The term does not include:

25 (i) a youth care facility as defined in 52-2-602; or

26 (ii) recreational programs such as boy scouts, girl scouts, 4-H clubs, or other similar organizations.

27 ~~(52)~~(53) "Residential treatment facility" means a facility operated for the primary purpose of providing
28 residential psychiatric care to individuals under 21 years of age.

29 ~~(53)~~(54) "Retirement home" means a building or buildings in which separate living accommodations are
30 rented or leased to individuals who use those accommodations as their primary residence.

(54)(55) "Skilled nursing care" means the provision of nursing care services, health-related services, and social services under the supervision of a licensed registered nurse on a 24-hour basis.

(55)(56) "State health care facilities plan" means the plan prepared by the department to project the need for health care facilities within Montana and approved by the governor and a statewide health coordinating council appointed by the director of the department.

(56)(57) "Swing bed" means a bed approved pursuant to 42 U.S.C. 1395tt to be used to provide either acute care or extended skilled nursing care to a patient."

Section 2. Section 50-5-220, MCA, is amended to read:

"50-5-220. Licensure or registration of outdoor behavioral programs -- exemption. (1) The department shall provide for licensure of a qualified outdoor behavioral program that accepts public funding. An outdoor behavioral program that does not accept public funds or governmental contracts is exempt from licensure.

(2) The department shall develop administrative rules for licensure that must include program requirements, staff requirements, staff-to-youth ratios, staff training and health requirements, youth admission requirements, water and nutritional requirements, health care and safety, environmental requirements, infectious disease control, transportation, and evacuation. The department may accept accreditation by a nationally recognized accrediting or certifying body but may not require the accreditation.

(3) An outdoor behavioral program that is a residential therapeutic school or program must be licensed under this section or registered under [section 5 3]."

NEW SECTION. Section 3. ~~Licensure and registration~~ REGISTRATION of residential therapeutic schools or programs -- reporting requirement. (1) A residential therapeutic school or program that is not licensed as an outdoor behavioral program under 50-5-220 is required to register with the department.

(2) In order to register, a residential therapeutic school or program shall provide the following information pertaining to the school or program to the department:

- (a) a description of the program at each facility;
- (b) the location and contact information for each facility;
- (c) the staffing levels and staff qualifications for each facility;
- (d) the number of youth served at each facility;

- (e) description of the school curriculum of the facility or program; and
- (f) copies of facility policies governing:
 - (i) admission and discharge;
 - (ii) behavior management plans;
 - (iii) availability of routine and emergency medical and psychological care; and
 - (iv) contact with family members.

(3) All professionals, officials, and workers in a registered residential therapeutic school or program are subject to the reporting requirements under 41-3-201 for any incident of suspected child abuse or neglect.

NEW SECTION. Section 4. Department WORKING GROUP-- recommendations to interim committee -- report to legislature. (1) THE DIRECTOR OF THE DEPARTMENT SHALL APPOINT A WORKING GROUP AND SHALL APPOINT AS MEMBERS OF THE GROUP FIVE REPRESENTATIVES FROM REGISTERED RESIDENTIAL THERAPEUTIC SCHOOLS OR PROGRAMS, TWO REPRESENTATIVES FROM THE DEPARTMENT, ONE REPRESENTATIVE FROM THE DEPARTMENT OF LABOR AND INDUSTRY, AND ONE CHILD ADVOCATE.

(2) THE WORKING GROUP SHALL STUDY VARIOUS METHODS OF LICENSURE FOR RESIDENTIAL THERAPEUTIC SCHOOLS OR PROGRAMS AND REPORT PROGRESS AT EACH MEETING OF THE CHILDREN, FAMILIES, HEALTH, AND HUMAN SERVICES INTERIM COMMITTEE.

(3) The department WORKING GROUP shall develop and make recommendations concerning proposed legislation to require licensure of all residential therapeutic schools or programs for presentation to the children, families, health, and human services interim committee on or before September 1, 2006, and shall report those recommendations to the legislature as provided in 5-11-210. ~~In developing the proposed legislation, the department shall consult with interested parties, including representatives from residential therapeutic schools or programs, public schools, and youth advocates.~~ The proposed legislation must consider and address the diversity of residential therapeutic schools or programs currently available and must provide some flexibility in the oversight and regulation of the schools or programs.

NEW SECTION. Section 5. Codification instruction. [Section 5 3] is intended to be codified as an integral part of Title 50, chapter 5, part 2, and the provisions of Title 50, chapter 5, part 2, apply to [section 5 3].

- END -